

Nutrition Counseling: Integrating Motivational Interviewing with the Stages of Change

Very often we encounter individuals who appear to be resistant to making changes. Sometimes we label these individuals as “unmotivated” or “non-compliant”. However, research indicates that a person’s motivation for change is influenced by a variety of conditions. Motivation should never be considered a personal trait but rather a state of readiness or eagerness to change that can fluctuate over time (1).

One model that has been developed to describe how change occurs is the Transtheoretical Stages of Change Model developed by Prochaska & DiClemente (2, 3, 4). This model describes a series of changes an individual passes through in the course of changing a behavior. The five stages of change include Precontemplation, Contemplation, Preparation, Action, and Maintenance.

During Precontemplation, a person does not realize he/she has a problem and thus, does not consider making a change related to the problem. Contemplation is characterized by ambivalence; change is being considered at the same time it is being rejected. In the Preparation stage a person decides he/she needs to make a change and expresses his or her readiness to make a change. The Action stage follows in which the behavioral changes are in progress. This is followed by the Maintenance stage in which the individual maintains the behavioral change. Thus a person moves from being unaware or resistant to change, to considering the prospect of change, to becoming ready or prepared to make the change, to taking action and sustaining the change (5). A person can, however, spiral back and forth through the stages; it is not strictly a forward moving process.

The Stages of Change model is a useful starting point when counseling a person to make a behavioral change. Individuals often have varying degrees of readiness to make behavioral changes, which necessitates offering different approaches in accordance with their stage of change.

Traditionally, educating and/or advice-giving have been used as strategies to effect behavioral changes. Health care professionals commonly provide factual or educational information supported by rationales for making behavioral changes. Expert knowledge and advice-giving does not always suffice, however, and may lead to resistance if not matched appropriately to the person's readiness to change (5). One can see how this could happen if prescriptive advice is given to a person who is in the Precontemplation Stage of Change. However, if delivered clearly and compassionately when a person is ready to make changes, it may be quite effective.

Motivational interviewing (MI) is a directive, client-centered counseling style for eliciting behavior change (6). When used effectively, it can influence stage of change. The effectiveness of using MI comes from the client rather than the counselor. The client decides on his or her own course of treatment. The outcome of the treatment is meaningful to the person rather than the counselor (7).

The first step is to find out where a person is with respect to change. The clients themselves establish goals that arise from the use of MI techniques. The five key principles of motivational interviewing include expressing empathy and using reflective listening, developing discrepancy between current behavior and the individual's goals, avoiding arguments, rolling with resistance instead of confronting it, and supporting self-efficacy and optimism (5).

It is also important to remove barriers to a client's effort to make changes and to provide choices or give the person the freedom to choose the course of action they wish to pursue. Providing feedback about the person's situation using objective measures can provide individualized information which can help motivate a person to change.

Assisting individuals to set realistic and measurable goals is also important in creating motivation to change as well as taking an active role in the person's change process (5).

Motivational interviewing uses these strategies tailored or matched to meet the individual's particular stage of change. Individuals who appear to be unmotivated or resistant to change may actually be labeled as such secondary to the mismatched use of counseling strategies to a client's stage of change.

Readiness should not be considered an all-or-nothing phenomenon but rather a matter of degree. Readiness to change varies between individuals as well as within individuals (5). Making dietary changes is a complex process. A person may want to lose weight and be ready to make a few changes (eat more fruit, reduce sugar intake) but not ready to make other dietary changes (eat less fried foods, reduce portion sizes). The use of MI techniques should take into consideration the varied nature of making dietary changes. The Nutrition Questionnaire is designed to measure a person's self reported readiness to make various changes in their diet. If used properly, it encourages the use of MI interviewing techniques (refer to guidelines).

References

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